

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>RESPONSIBLE LEADERSHIP FOR AMERICA</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00559153         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            . . . . .         </div>		

Full Name of Payee <b>Strategic Solutions Inc.</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            05 / 07 / 2014         </div>	
Mailing Address <b>9771 Mission George Rd</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 38690.00         </div>	
City <b>Santee</b>	State <b>CA</b>	Zip Code <b>92071</b>	<b>Transaction ID : SE.4113</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            05 / 07 / 2014         </div>
Purpose of Expenditure <b>Mailer</b>	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate <b>KIRK JORGENSEN</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>52</b> <input type="checkbox"/> President State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 38690.00         </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            . . . . .         </div>	
Mailing Address		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . .         </div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            . . . . .         </div>
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">. . . . .</div>		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . .         </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           . . . . . 38690.00         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           . . . . .         </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           . . . . . 38690.00         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deanna Hayes

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

Signature